

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035896

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139

Primary Registration District No. 3023

Registrar's No. 251

VS 300
Rev. 4/59

10425

20420

3

4 0

5 2

6

7 0

8 2

9450.1

10

11

1286-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 7 1963

1. PLACE OF DEATH
a. COUNTY

Henry

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

CLINTON

Length of stay in 1b

8 Wks.

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

CLINTON CANK HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo

b. COUNTY

Henry

c. CITY OR TOWN

Calhoun

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

James

Wilburn

Greene

4. DATE OF DEATH

Month

Day

Year

10

3

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-23-1873

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

Henry Co Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John A Greene

13b. MOTHER'S MAIDEN NAME

Mary M Henry

14. NAME OF HUSBAND OR WIFE

Mrs Frank Goodrich Clinton

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates)

No

17. INFORMANT

Mrs Frank Goodrich Clinton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture of left foot

INTERVAL BETWEEN
ONSET AND DEATH

6 Wks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arterio-sclerosis

One year

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

None

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF
INJURY

Hour a.m. p.m.
Month, Day, Year

20f. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/3/46 to 10/3/63 and last saw him alive on 9/30/63
Death occurred at 10/3/63 12:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Clinton Mo

22c. DATE SIGNED

10/5/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10-6-63

23c. NAME OF CEMETERY OR CREMATORY

Calhoun Cem.

23d. LOCATION (City, town, or county)

Calhoun Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

SICKMAN + DUNNING CLINTON Mo

OCT. 5, 1963

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4710

P. O. Address Clinton MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 10-5-63 MB